PTO/SB/06/8-03)

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PATENT Appl 10 A Trademark of the Page No. 1 (1995), no persons are required to respond to a collection of information unless it directly and the Page No. 1 (1995).

PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number												MB control ambe
Substitute for Form PTO-875										Application of Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL FALTITY OR OTHER THAN												L
	(Column 1) (Column 2)						_,	SMAI	L ENTITY	01	R SMA	LL ENTIT
	FOR NUMBER FILED NUMBER EXTRA						_	· RATE	FEE		RATE	· FII
TO	(37 CFR 1.66(a)) TOTAL CLAIMS						_	-	s	Of		1:
C	7 CFR 1.16(c))		99	O minus 20 e · .		·		x.25		OF	FO	
(3	INDEPENDENT CLAIMS (37 CFR 1.16(b)) 4 minus 3 c						7	x ; 100		┦ ¨	200	
M	ULTIPLE DEPEN	ENT .	(37 CFR 1.16(d)	1	+5180	<b>—</b>	OR	2/00	<u> </u>			
. 0	"If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	<u> </u>	OR	<u> </u>	<del></del>
	15/06	CLAIMS	AS AN	MENDE	D-PART II		•		J ~.	TOTAL	L	
	<del></del>	(Column 1) (Column 2) (Column 2)						SMALL	ENTITY	OR	OTHE	ER THAN L ENTITY
<b>ENDMENT A</b>		REM	MAINING FTER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	].	RATE	ADO- TIONAL
8	Total (37 OFR 1.16(t))	1 9	وا	Minus	" 9G	1-0	7 [	x.25.		OR	x 50 =	FEE
É	Independent (31 OFR 1,16(b))		4	Minus	" 4	1-0	11	x s 100.			x 200	<del> </del>
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT O				PENT CLAIM (37 (	OFR 1.16(d))	11	+: 180.		OR OR	1.31	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	<del> </del>
(Column 1) (Column 2) (Column 3)										,	2000	<u> </u>
AMENOMENT B		REMA	VIMS VINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	$\left  \cdot \right $	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
S	Cricin (. rect)			Minus	•			×,25.	1,55		x 50.	FEE
낊	Endependent (37 CFR 1.16(b))	•	·	Minus	•••	•	! }─	x s 100.		OR	x s 200 s	
₹	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))							1,180.		OR		
	C. C. H. L. G. G. H. L. G. H. H. G. H. H. G. H. H. G. H. G. H. G. H. H. G. H. G. H.									OR OR	+ 360.	
	•	(Colum	nn 1)		(Column 2)	(Column 3)	·	NOO'L FEE		OR	ADD'L FEE	
S		CLA	IMS T		HIGHEST		Г	т		1	·	
AMENOMENT		AFT AMENO	ER	· .	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TKONAL FEE
<u></u>	Total (FF OFR L.SE(d)			Minus	••	=	×	,25	·	OR	٠,50.	
	Independent (37 CFR 1,16(b))	•		Minus	414	=	_	,100		OR I	,,200	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))							s180.		OR	. 360.	
								OTAL DO'L FEE			TOTAL	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3,  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												·
•••	If the Highest N	lumber Pr	eviously f	eid For	IN THIS SPACE I	is less than 20, e	nier *	20".				.

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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